

Primary Care Provider



PATIENT REVIEW AND RESTRICTION PROGRAM

What is the Patient Review and Restriction (PRR) Program?

The Patient Review and Restriction (PRR) program is a federal and state Medicaid requirement to control over-utilization and inappropriate use of medical services by clients. This requirement allows restriction of clients to certain providers including Primary Care Providers (PCP), pharmacies, and hospitals. Dual eligible (Medicare/Medicaid) clients can only be restricted to a pharmacy and not a PCP or hospital. The WAC covering PRR is 388-501-0135.

The PRR program focuses on the health and safety of these clients. Many of the clients are seen by several different prescribers, have a high number of duplicative medications, use several different pharmacies, as well as have a high emergency room usage. Based on clinical and utilization findings, clients are placed in the PRR program and restricted for at least two years.

Clients can be restricted to one primary care provider, one pharmacy, one hospital for non-emergent care and/or a combination of these providers. Clients who have been on the PRR program have shown a 48% decrease in emergency use; a 41% decrease in physician visits; and a 29% decrease in the number of prescriptions.

The clients in this program are required to select a primary care provider, a pharmacy, and a hospital for non-emergency care; otherwise MAA will assign primary providers to them.

What is your role in the PRR program?

The primary care provider plays the key role in case managing the client's health care. As the client's PCP, you must approve any additional care the client receives from other practitioners or specialists.

A major focus of the PRR program is education. Educating the client on appropriate utilization of services, relevance of office visits, accessing resources in the community and within DSHS; and understanding the importance of maintaining one provider to manage and monitor one's care are key elements in helping the client appropriately utilize services.

PRR staff will keep you updated on the client's utilization of services, including emergency room services. In addition, PRR staff will coordinate with you and assist you in helping the client access other necessary DSHS services.

What is involved in making a referral to another provider/specialist?

Referrals to another provider or specialist can be in writing or over the phone. You should note any referrals in the client's medical records. When you make a referral, give the provider your MAA provider number. **Your provider number must be listed in the referring physician box on their claim form to ensure payment.**

Do all medical services require a referral?

No. Referrals are not required for dental, medical transportation, optometric services, mental health, drug and alcohol treatment, family planning, or emergency room services.

How will other practitioners know the client is restricted?

The client's Medical Identification Card will have an "X" in the RESTRICTION column and the words "Client on Review" is also printed on the card. This alerts providers that the client has some type of restriction.

The claims billing system also has built in edits that would reject those claims that are from other primary care providers and pharmacies not assigned to the client or that do not have your MAA provider ID number in the referral box.

How will I know which pharmacy or hospital the client has been restricted to?

You will receive a copy of the client's letter notifying the client of the restricted pharmacy and hospital. Any changes made to the pharmacy or hospital will be made in writing to the client, with a copy sent to you, as the primary care provider.

What if the client has an emergency and I am not available?

Washington State has the "prudent layman's" law, in which clients can go to the emergency room, *if they think* they have a problem and must be seen by the emergency room staff. A major focus of the PRR program is education of the client and trying to appropriately change the behavior of clients. Planning for "after hour care" is very important. Clients should be encouraged to call your office in order to avoid unnecessary emergency room visits.

In addition, if the client is also on the Disease Management Program (client has a diagnosis of Diabetes, Congestive Heart Failure, or Asthma) the client has access to the 24 hour CareEnhance Nurse Advice line at 1-800-444-0125 for health care advice. This resource has been successful in triaging client's needs.

How long will I be the PRR client's primary care provider?

The client is restricted to the PRR program for a minimum of two years. You can terminate the PRR relationship at any time and it will not affect your relationship with MAA or your other MAA clients. However, you need to give the PRR client a 30-day notice and also notify us, at the Exception Case Management Section, so that we can help the client find another PCP. The client may also choose another PCP after 12 months on the program.

How to contact ECM for any questions, concerns:

Exception Case Management Section
PO Box 45532
Olympia, Washington 98504-5532 1-800-794-4360, ext. 51780 or (360) 725-1780.